AMENDMENT TRANSMITTAL LETTER					Docket No. NEB-236-PUS
Application No.		Filing Date		Examiner	Art Un
10/585,964-Conf. #7911		July 13,	2006	D. M. Ramire	z 1652
plicant(s): Chu	di Guan et al.				
ention: Modifie	d DNA Cleava	ge Enzymes a	nd Methods f	or Use	
		THE COMMI			
ransmitted here he fee has beer					
		CLAIM	S AS AMEN	DED	
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims		- 20 =		х	
Independent Claims		- 3 =		×	
Multiple Depend	ent Claims (ch	еск іт арріісаві	е)		
Other fee (please specify): Extension for response within second month					245.00
TOTAL ADDIT	ONAL FEE FO	OR THIS AME	NDMENT:		245.00
Large Entity	ONAL FEE FO	OR THIS AME	NDMENT:	x Small Entity	245.00
Large Entity				x Small Entity	245.00
Large Entity No additions	Il fee is require	d for this ame	ndment.		
Large Entity No additiona X Please charge	Il fee is require ge Deposit Acc	d for this amer	ndment. 14-0740 i	n the amount of \$ _	245.00 .
Large Entity No additiona X Please charge A check in the	Il fee is require ge Deposit Acc ne amount of \$	d for this ame	ndment. 4-0740 i		245.00 .
Large Entity No additiona X Please charge A check in the	Il fee is require ge Deposit Acc	d for this ame	ndment. 4-0740 i	n the amount of \$ _	245.00 .
Large Entity No additiona X Please charg A check in the payment by	al fee is require ge Deposit Acc ne amount of \$ credit card. Fo	d for this amer	ndment. 14-0740 i to cover is attached.	n the amount of \$ _	245.00 .
Large Entity No additions X Please charg A check in the Payment by X The Director as described	al fee is require ge Deposit Acc ne amount of \$ credit card. Fo	d for this amer	ndment. 14-0740 i to cover is attached.	n the amount of \$ _ the filing fee is encl	245.00 .
Large Entity No additions X Please charg A check in th Payment by X The Director as described X Credit al	Il fee is require ge Deposit Acc ne amount of \$ credit card. For is hereby auth Il below. ny overpaymen	d for this amer count No	ndment. 14-0740 in to cover is attached. ge and credit	n the amount of \$ _ the filing fee is encl	245.00
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Large Entity No additiona X Please chare A check in the Payment by X The Director as described X Credit at X Charge a //Harriet M. Strin	Il fee is require ge Deposit Acc ne amount of \$ credit card. Fo is hereby auth to below. ny overptaymer any overptaymer any overptaymer any pel, D. Phil./ pel, D. Phil./ pel, D. Phil./ D. BOLABS, In ad chusetts 0193	d for this amer	ndment. 14-0740 in to cover is attached. ge and credit	n the amount of \$ _ the filing fee is encl Deposit Account No fees required under 3	245.00 . osed. p. 14-0740 7 CFR 1.16 and 1.17